



Release of Information

Name of patient	Date of birth	Email
Address	City, State Zip	Phone

Release BY & TO

Release From & To

Name/Agency	Name/Agency
Address	Address
Phone/Fax	Phone/Fax
Email	Email

Expiration Date is one year from the date signed below unless listed here: _____

I UNDERSTAND that the information to be released may include information related to drug abuse and alcoholism or alcohol abuse; and that this information is protected by Federal law [42 CFR Part 2]. The released information may also include psychiatric and HIV/AIDS conditions. I UNDERSTAND that the information disclosed pursuant to this authorization might be re-disclosed by the recipient and might be no longer protected by the Federal Privacy Regulation [45 CFR Part 164].

I UNDERSTAND that I may revoke this authorization at any time by giving written notice to Envision Therapy Solutions, except to the extent that Envision Therapy Solutions has already acted on this request. The authorization will expire on the date listed above, or, if left blank, one year from the date of signature. I release Envision Therapy Solutions from all liability for disclosing the requested information.

I UNDERSTAND that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization. **NOTICE TO THE RECIPIENT OF THE INFORMATION**

This information has been disclosed to you from records protected by federal confidentiality rules [42 CFR Part 2 and 45 CFR Part 164]. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 or 45 CFR Part 164. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Client Signature: _____

Date: _____

Legal Representative: _____ **Relationship:** _____

Date: _____

Witnessed by: _____

Date: _____